S. No. 2
(—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7034

Registrar's No. 1861

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 514 So Garrison Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 514 So. Garrison
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Shaw
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
66	9	?	hr. min.

9. Birthplace Louisana
(City, town, or county) (State or foreign country)
10. Usual occupation House Work
11. Industry or business
FATHER
12. Name Richard Smith
13. Birthplace Louisana
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Harriet Harris
15. Birthplace Louisana
(City, town, or county) (State or foreign country)
16. (a) Informant Irene Johnson
(b) Address 514 So. Garrison
17. (a) ~~Burial~~ Removal (b) Date thereof 2/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo
18. (a) Signature of funeral director J. T. Mohun
(b) Address 3 S Laclede ave
19. (a) FEB 24 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Febuary day 20
year 1948 hour 1 minute 30 P M.
21. I hereby certify that I attended the deceased from Feb. 15 1948 to Feb 20 1948
that I last saw her alive on Feb. 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease — Duration
Due to Generalized edema
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature F. B. Howell (M. D. or other)
Address 2902 Laclede Date signed 2-23/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Jane E Hurd Registered Apprentice No. 514 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1173

P. O. Address 3517 Salado Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.